Professional Licensing Agency 402 West Washington Street Room W072 Indianapolis, IN 46204



Eric J. Holcomb
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Massage Therapy Renewal

Your massage therapy certification in the state of Indiana expires on May 15, 2017. If you would like to pay by credit card you may renew your certification online at www.pla.in.gov. You will still be required to send proof of liability insurance to our office by fax or mail if you use this method for renewal. To renew by mail, send this form with the renewal fee of \$150 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document or proof of insurance is postmarked after www.pla.in.gov. Wake check or money order payable to 'Indiana Professional Licensing Agency'. If this document or proof of insurance is postmarked after www.pla.in.gov. Wake check or money order payable to 'Indiana Professional Licensing Agency'. If this document or proof of insurance is postmarked after www.pla.in.gov. Wake check or money order payable to 'Indiana Professional Licensing Agency'. If this document or proof of insurance is postmarked after www.pla.in.gov. Wake check or money order payable to 'Indiana Professional Licensing Agency'. If this document or proof of insurance is postmarked after www.pla.in.gov. Wake check or money order payable to 'Indiana Professional Licensing Agency'. If this document or proof of insurance is postmarked after www.pla.in.gov.

late fee. If you answer 'Yes' to an form.	pdate address, if needed, and prov		•	
Licensee Name	· · · · · · · · · · · · · · · · · · ·		Renewal F \$150	
Street Address	<u> </u>			
City	State	Zip Code		
Phone Number	Email Address			
	QUESTIONS			
 Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state? 				NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?				NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?				
4. Are you currently, or have you ever been, listed on a national or state registry of sex offenders?				NO NO
5. Have you ever been charged with or convicted of prostitution, rape, or any other sexual misconduct?				
6. Do you have professional liability insurance?				NO
therapy in the State of Indiana. from the insurance provider. In	REQUIRED DOCUMENTY You are required to hold professions. The proof may be a notarized copy of order to finish your renewal, you mail to pla14@pla.in.gov , or fax to	al liability insurance in order to professional liability insurance ust send proof of insurance 317-233-4236. Please include	e or submitted de to the board w	lirectly vith
	LICENSEE AFFIRMA			
	ne penalties of perjury that I understa		ge Therapy statu	tes
	he questions true to the best of my kr	<u> </u>		
Signature of Licensee	1	Date (month, day, year)		

Visit us on the web at www.pla.in.gov. If you have any questions for the State Board of Massage Therapy please email pla14@pla.in.gov or call 317-234-8800.

FOR OFFICE USE ONLY				
Renewal Fee	Receipt No.	Date		